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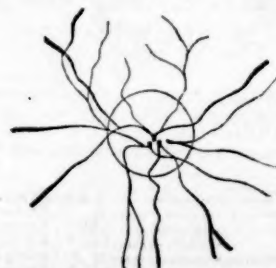
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American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., EDITOR.



No. 3, for November.

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Original Lectures.

LECTURES ON MILITARY SURGERY.

DELIVERED AT THE
COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.

By WILLIAM DETMOLD, M.D.

PROFESSOR OF MILITARY SURGERY AND HYGIENE.

LECTURE IV.

Burial of the Dead after a Battle.—Establishment of Hospitals.—Aerial Space.—Distribution of Patients.

GENTLEMEN:—We will assume now, that all your wounded have been brought in; that you have attended to all, dressed them and sent them off in the ambulances; still your labors are not over. Suppose your army has been victorious, the enemy is flying, and you may have to join your regiment in pursuit; or your regiment keeps the field, and the wounded of the enemy which have been left behind, may require your services, which I need not say should be rendered as cheerfully and as conscientiously as to your own men. But even after you have dressed and cared for the wounded enemy, your time of rest may not yet have arrived.

We will take the case of your army being engaged in a siege, say as the allied armies before Sebastopol, and that you have just repulsed a sortie; you are likely to occupy the ground for a good while yet. Therefore, it behoves you to attend to the burial of the dead, not only your own and the enemy's dead, but even of the horses that have been killed. For although it is not precisely the duty of the surgeon to attend to the burial, yet as a sanitary measure the surgeon must see to it, that the dead are buried so as not to create disease among the survivors.

1st. The trenches should be dug sufficiently deep, and not filled up too much with corpses, to allow a sufficiently deep stratum of earth to cover them. Some disinfectant and deodorizing substance, such as quicklime, sulphate of iron, or the like, should be used for the trenches.

2d. The place for the trenches should be so chosen that the prevailing winds do not carry the effluvia into camp.

3d. Attention must be paid in the choice of the place, that the water which is used in camp does not become vitiated by the putrefaction of so many dead bodies.

The neglect of these points was one of the most prolific sources of disease which more than decimated the English and French armies in the Crimea.

In case of a disaster to the army, such as a hasty strategic movement, change of base, or whatever else the commanding general may choose to call it, where the wounded are left behind, I need not say that the surgeon must remain with the wounded, that is, a sufficient number of surgeons must be left behind to take care of the wounded which fall into the hands of the enemy.

It is beginning to become an established custom no longer to make prisoners of war of the surgeons; they are non-combatants, and as they extend a helping hand to all wounded, whether friend or foe, so should their sacred calling protect them; and wherever surgeons have been captured of late they have, I believe, invariably been unconditionally released.

We have now been in camp and on the march, and we have been in action on the field; it is time to follow our wounded to the hospital.

A military hospital taxes the surgeon to the utmost, for he must not only attend professionally to the patients, but he must also be able to organize and direct the construction of a Hospital, and he must besides attend to its administration. Experience and statistics show that an army during an active campaign requires steadily about 10 per cent. of its force in hospital accommodations; besides, the arrangements must be so made as to admit of a sudden increase of the numbers in the event of a large battle.

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The best plan is, to establish three lines of Hospitals; the hospitals of the first line comprise the field hospitals for the accommodation of those who may require only a few days of hospital attendance, such as slightly wounded, and such as are only slightly indisposed, men with scabies and the like, but mainly for all the seriously wounded, especially those who will not bear transportation. These hospitals are immediately in the rear of the army. The second line embraces the general and permanent hospitals for the reception of the bulk of the sick and wounded; these hospitals must be at a convenient distance, with easy transportation from the front, water transportation if possible. The third line hospitals are still further off, and thither are sent all convalescents and chronic cases.

This arrangement gives a certain elasticity to the hospital accommodations, admitting of a rapid clearing of the first and second line to make room for the wounded when an action takes place.

In the selection of places for Field hospitals we frequently have no choice, we must take what we can find; private dwellings, churches, barns, or in default of these we may have to put up tents or shanties. Whatever it may be, bear in mind that two requisites are of paramount importance in all military hospitals, for without them neither skill nor physic will avail; these two things are fresh air and cleanliness. It is an old established principle to allow for every patient in hospital from 1000 to 1500 cubic feet of air, but that calculation does not always hold good because, for instance, in a church or other high building the volume of air in the upper part of the building is of little use, because the noxious effluvia accumulate in the lower strata; it is therefore better to be guided by surface measure, and you should allow at least 6 feet by 14 for each bed, which in a room of 12 feet height would give you 1008 cubic feet. The beds being about 3 feet wide, this gives you a space of three feet between every two beds, allowing free access to every patient.

But it is not enough to allow 1000 or 1500 cubic feet for every patient, the air must be constantly renewed. A healthy person inspires and expires per hour about 400 cubic feet of air, which volume, therefore, is no longer respirable. In a hospital this vitiation of the air is immensely increased by the exhalations from fever patients, and from suppurating wounds and other causes inseparable from the wards of a hospital. Ventilation must therefore be sufficient to supply for each patient at least 3000 cubic feet of fresh air per hour. The ventilation must be so arranged as to let the fresh air in level with the floor, otherwise the lower strata of air will remain undisturbed and noxious effluvia will accumulate.

Of late years, the science of ventilation has been carried to a high degree of perfection, and in regularly established general hospitals we should avail ourselves of the latest and best results of that science, but in temporary and field hospitals we must do the best we can. Have the windows down to the floor; if they are not, break holes in the wall level with the floor; have the windows constantly open at top and bottom, have the doors open and see that there is free circulation of air through the chimney, and do not allow on any account a close or offensive smell in the wards. Hennen used to allow the patients to smoke in the wards on condition that he should never perceive the smell or tobacco; thus, he got the men to attend to ventilation for the purpose of securing the privilege of smoking; for as a general thing the men are averse to free circulation of air. Do not allow the sheets and bedclothes to hang down and confine the air under the beds, allow no bundles of the private effects of the men under the beds or under the pillows. Exact from the hospital steward and the nurses the most scrupulous cleanliness of everything in and around the hospital, without being too lavish with water in scrubbing the floors of the wards; it causes too much dampness in the wards, which favors the development of trismus and tetanus. Have the walls and ceilings frequently whitewashed. If there are wounds with offensive discharges or gangrene in

the ward, make free use of deodorizing substances, but do not employ simply aromatic fumigations, which merely conceal but do not destroy the offensive effluvia, although Baudens is much in favor of fumigations by throwing dried sage upon a pan of burning coals, a practice which he learnt from the Turks.

It is needless to go further into particulars as to what may become a nuisance in the hospital; let me again and again impress upon you to have plenty of fresh air, and to exact the most scrupulous cleanliness in every part, in and around the hospital. It is astonishing how the slightest neglect in any one particular will draw others after it, and before long you will see your Hospital changed into a Pest-house.

An important point is the distribution of the patients; whether for instance all the severely wounded should be put together in the same ward as recommended by some, or whether they should be distributed through the different wards. Although the latter arrangement may be open to some objections, yet I think it is decidedly preferable. In case there are many patients with contagious or infectious diseases (and in military Hospitals you are rarely free from typhus and typhoid fevers), is it best to separate them from the other patients and confine them to one ward, or one part of the hospital, or to scatter them among the wounded? Stromeyer prefers the latter plan, because by confining a number of such patients together in one ward you intensify the disease, and because, he says, wounded men rarely catch infectious diseases. Frequently, necessity spares you the choice, but where you can do it and the weather permits it, it is decidedly the best to separate the infectious cases—not by crowding them together in one ward, but by placing them in a number of tents outside the Hospital.

Original Communications.

THE INHALATION OF NITROUS OXIDE GAS

IN SEVERE CASES OF FEVER.

By GEO. G. SHUMARD, M.D.,

SURGEON U.S.V., MEDICAL DIRECTOR, DANVILLE DISTRICT, KY.

(Concluded from page 29.)

Case II.—J. C., age about 25 years, had been laboring under rubeola six days, and was then attacked with typhoid pneumonia, which continued unabated until the 23d inst., or about two weeks from the period of attack.

On Sunday, the 23d inst., he presented the following symptoms. Patient lying upon his back, jaw depressed, eyes sunken, pupils elevated, breathing short, laborious, and irregular, extremities cold, clammy, and insensible to the touch, tongue dry and fissured, bowels discharged involuntarily, pulse 144 per minute, small and hardly perceptible at the wrist; auscultation revealed the usual signs of the advanced stages of pneumonia. The gas was administered at 12 o'clock M., with the following results. Pulse at the end of second minute, 150 per minute; at the end of five minutes, 140 and fuller; end of ten minutes, 120, volume very perceptibly increased. The gas was then suspended. Patient examined thirty minutes afterwards and found conscious, pulse 110 per minute and fuller, breathing more regular, extremities becoming warm, has had no more involuntary discharge from the bowels, eyes and countenance much more natural in appearance. Patient says he feels better.

At the end of four hours the pulse was 100 per minute and full; the extremities were warm, and the patient perfectly conscious and conversed with those around him. At that time the gas was again administered, the pulse becoming under its influence somewhat stronger, while the other symptoms remained the same. Twenty-four hours after the second inhalation of the gas, the pulse became weaker

and more frequent, but as the materials had not yet been received for manufacturing a second supply of gas, it was not again administered, and the patient died thirty-four hours from the time of the first inhalation.

Autopsy twenty hours after death.—*Thorax.*—Right lung morbidly adherent to pleura costalis; superior lobe filled with pus, and also exhibited a number of tubercular deposits; inferior lobe of left lung hepatized; a portion of the superior lobe engorged. Heart natural size, left ventricle contained coagula of blood. *Abdomen.*—Liver healthy; gall-bladder distended with healthy looking bile; mesenteric glands congested; mucous surface of ileum congested.

It was the opinion of all present, before the gas was first administered, that the patient could not survive more than a couple of hours.

Case III.—W. W., set. 25 years. Entered Hospital No. 3, October 14th. He was then laboring under the usual symptoms of typhoid fever. For the last two weeks he has been insensible, not noticing surrounding objects. On the 27th of November, the date at which the gas was first administered, he presented the following symptoms.

Patient lying upon his back; low muttering delirium; extremities cold, clammy, and insensible to the touch; jaw depressed; surface of chest and abdomen thickly marked with dark colored spots; subsultus tendinum; tongue dry, fissured, and of a dark color; teeth covered with dark sordes; involuntary discharges from the bowels; breathing short and laborious; pulse 100 per minute, irregular, small, and hardly perceptible at the wrist.

The gas was administered at 11 o'clock A.M. End of first five minutes, while inhaling it, pulse 114 per minute; end of ten minutes, 114, and increased in volume; end of fifteen minutes, 120, volume about the same; end of forty-five minutes, 79, much increased in volume and regular. Gas suspended.

At the end of four hours the patient was examined. Pulse 78, full and soft; extremities warm, patient rational.

At 6 o'clock P.M. gas again administered. Third minute, pulse 85, and full; fifth minute, 90, and full. Gas suspended.

Patient examined at 10 o'clock P.M., pulse 112 and feeble, other symptoms nearly the same. Gas again administered. End of third minute, pulse 82, and increased in volume; end of ten minutes, 66, volume about the same. Gas suspended. The dark spots upon the surface of the chest are becoming light rose-colored, and gradually disappearing; the extremities continue warm.

Patient examined at 11 o'clock the following day, Nov. 28th: pulse, 116 per minute, and feeble; delirium returning. Gas again administered. At the end of five minutes pulse 100 per minute, and fuller; gas suspended.

At 6 o'clock P.M. pulse quite feeble; gas again administered; in a few minutes pulse increased several beats per minute. Patient died at 10 o'clock P.M.

Autopsy, 12 hours after death.—Surface of abdomen marked with light-colored spots; none visible upon the chest. *Thorax.*—Extensive pleuritic adhesions of old standing upon right side. Right lung healthy; lower lobe of left lung much engorged, and containing tubercles. Heart natural in size and healthy-looking. *Abdomen.*—Liver natural; gall-bladder distended with healthy-looking bile; mucous coat of small intestines softened; mesenteric glands congested and dark-colored externally. Glands of Peyer thickened.

Case IV.—A. B. W., set. about 25 years. Has been suffering with typhoid fever, with its usual symptoms, for fourteen days. When examined on the 23d of November, he presented the following symptoms:—

Patient lying upon his back; extremities cold; surface of chest marked with small rose-colored spots; eyes sunken, pupils elevated; jaw depressed; breathing short and laborious; tongue dry, fissured, and dark brown color; patient delirious; pulse 96 per minute, small and feeble.

The gas was administered to him at 9 o'clock A.M. End of the first five minutes, while inhaling it, pulse reduced to

90 per minute; end of eight minutes, pulse the same in frequency, but stronger. Gas suspended. Patient examined one hour and a half afterwards; pulse 90 per minute, and fuller; extremities becoming warm; patient more rational, says he feels better, and desires more gas; breathing more regular and less laborious.

At 5 o'clock p.m., extremities warm; pulse 96 per minute and moderately full; patient rational. Gas administered. End of ten minutes, pulse 96, volume good. Gas suspended. Soon afterwards the patient took some nourishment, in the form of concentrated essence of beef.

For the want of material for manufacturing it, the gas was not again administered to the patient until Nov. 26. At that time he presented the following symptoms:

Pulse 100 per minute and feeble; breathing somewhat laborious; patient rational; extremities warm. Gas administered at eight o'clock a.m.; at the end of ten minutes, pulse 96 per minute, volume increased, breathing less laborious. Patient continued in very nearly the same condition until three o'clock p.m., when the gas was again administered. At the end of three minutes, while inhaling it, pulse 100 per minute, volume good; eighth minute, pulse 104; thirteenth minute, pulse 108; gas discontinued.

Patient examined at quarter past seven o'clock p.m., pulse 124 per minute, and weaker; patient rational; extremities warm; rose-colored spots on surface of chest disappearing.

Gas again administered. After inhaling it five minutes, pulse 105, volume increased; tenth minute, pulse 100 per minute, and moderately full and strong. Gas discontinued.

Nov. 27, half past eleven o'clock. Patient rational and converses with those around him; says he feels better; extremities warm; has taken nourishment; pulse 100 per minute, full and moderately strong.

Gas administered; at the end of ten minutes, pulse 95 per minute, and full; end of fifteen minutes, pulse 100, volume the same. Gas discontinued. Patient examined thirty minutes afterwards, pulse and other symptoms about the same.

At six o'clock p.m., pulse 72 per minute, and full; patient warm and rational. Gas administered. In five minutes, pulse 84 per minute, and full. Gas discontinued.

At eight o'clock p.m., pulse 100, and full at half past nine p.m., pulse 110, volume good; gas administered. Eighth minute, while inhaling it, pulse 106, volume about the same; fourteenth minute, 100 per minute. Gas suspended.

At half past eleven o'clock p.m., pulse 94 per minute, and full; patient rational; extremities warm.

Patient examined at eight o'clock the following day, Nov. 28. Pulse 100 per minute, patient rational, and converses cheerfully; has taken food several times during the night.

At five o'clock p.m., pulse 96, and moderately full and strong. Gas again administered; fifth minute, while giving it, pulse 100 per minute, volume about the same; ninth minute, pulse 96; twentieth minute, pulse the same in frequency, volume increased. Gas discontinued.

Patient examined at half past nine o'clock, Nov. 29. Pulse 96 per minute, volume reduced. Gas administered; fifth minute, while giving it, pulse 92, volume increased; twentieth minute, pulse 96, volume good.

Patient examined at five o'clock p.m. Pulse the same, tongue moist, extremities warm, skin slightly moist, patient feels cheerful.

Case still under treatment.

Ten o'clock p.m., Dec. 5. Patient still under treatment, condition about the same.

CASE V.—D. H., age 30 years. Has been suffering with the usual symptoms of typhoid pneumonia for ten days, during all of which time he has been delirious.

On the 27th of November he presented the following symptoms:

Patient lying upon his back, with chest elevated, breathing quick and laborious, extremities cold and clammy, fore-

head cold and bedewed with perspiration, eyes sunken and pupils elevated, tongue dry, fissured, and dark brown, subsultus tendinum, cough dry and frequent, pulse 98 per minute, and small. Dulness upon percussion over the right lung, no respiratory murmur perceptible on the right side, crepitation heard over greater portion of left lung.

The gas was administered to him at eleven o'clock a.m., pulse at the end of one minute, 90, second minute, 96, and somewhat fuller, tenth minute, 100, and still increasing in volume. Gas suspended.

Patient examined at three o'clock p.m., pulse 69, and volume greatly improved.

At six o'clock p.m., pulse 100, and full; skin of extremities warm and moist; breathing less laborious, patient rational, tongue becoming moist, has taken nourishment, and says he feels better.

Gas again administered; at the end of five minutes, pulse 120; end of twenty minutes, reduced to 100 per minute, full and soft.

At ten o'clock p.m., pulse 90, moderately full. Gas again administered; end of three minutes, pulse 100 per minute and full. Gas discontinued.

Patient examined at twelve o'clock; pulse eighty, and good, extremities warm and moist, says he feels better.

At half past eleven o'clock the following morning, 28th inst., pulse 106, and somewhat reduced in volume. Patient expectorates bloody mucus freely; extremities warm, patient still rational, has taken nourishment several times during the night.

Gas again administered. Tenth minute, while taking it, pulse 110, volume increased; at the end of twenty minutes pulse 104, volume good. Gas discontinued. At six o'clock p.m., pulse 94 per minute, other symptoms nearly the same. Gas administered; at the end of five minutes, pulse 100 and soft. Gas suspended.

Patient examined at eight o'clock p.m. Pulse 80 per minute, and full; extremities warm and moist; patient still expectorates bloody mucus freely; says he feels much better.

Nov. 29, twelve o'clock m. Patient improving; cough loose; still expectorates large quantities of bloody mucus, the sputa differing from that of ordinary pneumonia, in containing more blood, which varies greatly in color, some being light, and some dark colored; tongue moist; breathing less laborious; extremities warm; pulse 104 per minute, and volume good.

Gas again administered; at the end of two minutes, pulse 106; end of ten minutes, 110. Gas suspended.

Patient examined at eight o'clock p.m. Pulse full and reduced in frequency; tongue moist; extremities warm; has taken nourishment in the form of concentrated essence of beef several times during the day; says he feels much better.

Case still under treatment.

Ten o'clock p.m., Dec. 5. Patient much better, respiratory murmur heard over every portion of left lung, no dulness upon percussion over right lung perceptible, respiratory murmur clear over superior portion of right lung; crepitation heard over the inferior lobe of the same lung. Patient's pulse good, and in other respects his condition is greatly improved. The gas has been administered to him about once in every four hours since the 29th of November, the date at which his case was first reported by me.

CASE VI.—J. W. Hospital No. 11.—Sick with typhoid fever, supervening on measles. Twenty-first day of fever; tongue dry and fissured; sordes; very restless, and delirious most of the time; pulse 96. Nov. 27, half past eleven o'clock, a.m. Administered the gas; after five minutes the pulse rose to 100, and full. Five minutes after, the same, except increased in volume. Gas discontinued. Pulse continued the same in fulness, during the afternoon, but gradually decreasing in frequency until five o'clock p.m., when it stood 74, and full. Gas administered again. After ten minutes, the pulse rose to 84, and full; twenty minutes, pulse 80, with good volume. The patient continued better

for two days, after which he sank and died. The gas was not administered during the last two days, for want of material to make it.

CASE VII.—I. M., aged 33 years. Admitted into hospital No. 8, Nov. 19, laboring under symptoms of typhoid fever and chronic laryngitis; constitutionally predisposed to tuberculosis. On the 26th of November, he presented the following symptoms. Extremities cold; breathing short and laborious; cough dry; eyes sunken; patient much prostrated; pulse 64 per minute, and small; has no voice.

Gas administered ten o'clock, above date. Soon after inhaling it, voice improved, the cough became looser, and the pulse 84 per minute, and fuller. In five hours, the surface became warm and moist, and the patient could speak so as to be understood. Gas administered at frequent intervals, until the 29th inst., when he presented the following symptoms. Extremities warm and moist; tongue moist; respiration more natural; voice improved; expectorates freely; pulse 85 per minute, and full. Case continued.

Since the above report was written, ten additional cases have been treated with nitrous gas, and in every one of them with beneficial results. One, a supposed fatal case of typhoid fever, is now, Nov. 5, convalescent. Another, a case of erysipelas, is greatly improved. Two other severe cases of typhoid fever are so much improved by the gas as to give reasonable hopes of recovery.

REMARKS ACCOMPANYING QUARTERLY REPORT OF

SICKNESS OF THE ARMY OF THE GULF,

AT THE MARINE U. S. GENERAL HOSPITAL, NEW ORLEANS.

By R. K. BROWNE, M.D.,

SURGEON IN CHARGE.

Sick population 2,422 (commencing with 1,380) on the 11th of August. 1,850 treated; 194 died.

ALL these cases were of Vicksburg and Lower Mississippi swamp fever and diarrhoeas. In almost all, the fever was either congestive or intermittent. The troops are uniformly destitute of all notion of cleanliness of body or clothing; and have never observed any condition of health in their habits. They were utterly unmindful of all care for the hygiene of the body, and without animal spirit in anything but one notion, that of being discharged from the service. Their subordinate officers, some of them quite illiterate and ignorant, were wholly unqualified in education or character to enforce any observance of the rules of health. Their medical officers were, as a rule, alike incompetent to deal with the diseases or the men—being equally defective in scientific insight and professional force of character and discretion, or wisdom. The hospital was sought by the men as a refuge from camp duty, even when the want of energy or a shifting pain was the only infirmity of the body; men were constantly sent by them to this hospital without the recognition of the regulations, in such cases—without attempt at proper treatment, without descriptive lists—frequently in a comatose or lethargic state, and also without even a word to indicate the diagnosis which had been formed, or the treatment pursued. During the month of August many of these sent to the hospital were in the worst stages of fever and diarrhoea, and debilitated to a point beyond the possibility of reinvigoration by any medical or hygienic means.

These considerations account for the relative high percentage of deaths, indicating the antecedents of such mortality. The ratio of mortality varies greatly in given periods of twenty days, and in different wards; every precaution has been in operation to preclude new or additional causes of sickness arising from the sick themselves. From the first all cases from which any striking odor exhaled were placed in particular apartments. The worst cases of diarrhoea were placed in other rooms by themselves in

twos or threes. The odor of fecal discharge, though so frequent, as in many cases twenty or fifty times a day, was never permitted to pervade the room, a force of forty blacks under overseers being constantly employed to carry and empty the vessels. The deaths in nearly all cases were by asthenia and actual debility of long continuance. Of one hundred and twelve autopsies made by me, in but three cases was the blood of normal quality. And there was never the normal amount of blood present. During the period between the 11th of August and the 1st of November, though phthisis was diagnosed in several cases, no development of the pulmonary tissue of tuberculosis, sufficient to cause death, was ever found after death. Softening of the spleen was found in eighteen cases; abscess of left lung in one case; hepatization in four cases, and the grey hepatization of Laennec in one; congestion of the liver was found in twenty-nine cases; inflammation of the bowels in twenty-three, and perforation in two cases. In none of the cases examined were the intestines or stomach found in a healthy condition. Congestion of the brain was found in four cases, and engorgement of the cranial vessels in five cases; gangrene of the mouth and throat, a disease first found by me, in twenty-one cases; albuminous urine was found in thirty-five cases of the living, and uric acid in twenty-cases.

There was but one case of interest, diagnosed first as enteritis and afterwards peritonitis, treated to recovery with fomentation of hops, and large doses of mass, opii. Some asthenic cases which threatened a not distant death were treated to recovery by large doses of tr. cantharidis—which substance was found very efficacious as a stimulant in combination with ethers. A small number of cases of the dysenteric condition, consequent on long continued diarrhoea, in which all other remedies were ineffectual, were cured by ten gr. doses of pulv. resinæ communis. As a revulsive treatment in nauseant and disordered conditions of the digestive system, ipecac, beginning with a strongly emetic dose, was always efficacious. No ferruginous preparation equalled the potassio-tartrate of iron as a tonic. Œdema of the lower extremities, and a strongly tumid or tympanitic condition of the abdomen, were very frequent concomitants of the diarrhoeas. One case, which was cupped on the anterior aspect of the left leg without my advice, proved disastrous, the whole anterior aspect of the limb from the inferior limit of the upper third to near the ankle sloughed down to the myolemma, without involving it, and though the patient was most assiduously attended to he eventually died. No case of yellow fever, and but one of typhoid sequelæ occurred.

GANGRENE OF THE THROAT.

It has been found, in cases not under treatment, which have presented themselves complaining of sore mouth, or gums. In two cases of the guard it was found to invade the line of the mucous membrane of the cheek pressing against the teeth. Here it was accompanied with slight tumefaction of the lower part of the cheek, and soreness. The left tonsil was invaded also; surrounding the base of the teeth of this side, was presented an abundant collection of epithelial and mucous matter closely resembling the light-colored debris of masticated and pulverized food. The irregularities of the grinding surface of the teeth were also covered as with plaster. The left tonsillar space was invaded, and the gland nearly destroyed. Again, it was found in the mucous membrane of the lower lip where it adjoined the lower teeth; it was curious that the continuity of the membrane affected seemed entire until the probang saturated with nitrate of silver swept it, in doing which it all came away. The denuded surface now presented the same appearance as the others. It had previously presented a mottled bluish look. It is an example of the *fatuous* moral condition of the invalids here, that in this instance the patient would not clean his teeth and gums, though he was most imperiously enjoined to do so. For three succeeding days he

presented himself, without this having been perceptibly done, but *said* he had done it; I was obliged myself (as it was my duty) to force him to be cleaned by my own hands. He shrank from it and closed his mouth—a puling babe. I have now under treatment three other cases with sol. arg. nitratis; the foul and cadaverous odor and character of the animal *debris*, the probang wipes away, is the same in all cases. Of course, these are the appearances in the living; until these were known, a careful watch having been kept for their detection, all the knowledge I had was disclosed in autopsies, and they were discovered after death. I scraped from this man's tongue, with a knife blade, forty-three grains of desquamated epithelium, and then washed away what when evaporated would amount to as much more or perhaps sixty grains.

The conviction has been proving more fixed, that these cases are typical, and disclose the antecedents and cause of the disease. It is the *dead* and foul epithelial matter, with the viscid mucous matter, which operates in a manner not peculiarly dissimilar from infection. By this I do not mean that epithelium acts as a *virus*, but only as condition preventive of healthy action, instead of which, that being absent, we have morbid action. Seated in any open cavity, these rapidly become foul as distinguished by the cadaverous odor. The coats of the tissues take on the destructive process, unlike, however, any other I have ever known of. The absence of acute pain or other signs of what is termed inflammatory, is explained by the kind of tissue invaded. That tissue, the mucous membrane, is an epithelial, *which* of itself is never the part beginning inflammatory action. It of itself tends not to inflammation, but only to desquamation. Such is its only anatomical role. Inflammatory action always commences in other tissues which only involve it, by subjecting it to the breaking down process they enact. The epithelium wherever in or on the body, with its mucous or serous coating, is a kind of partition between these more active elements and the active elements of the outer world. Such has long been our understanding of the case. It has no power to throw itself off, but it is in the most immediate organic bond with these tissues on the one, and these elements on the other. It has no *power to prevent inflammation*, but only is not itself the cause or occasion of it. The physical cause may be either on one or the other side of it, and in either case alike it is the tissues it closes upon which enact the destruction, their own and that of the membrane. We know of no better rationale of the facts. The epithelium constantly tends to be dead, that is to cease any organic function, and is as constantly reproduced, *but it does not therefore* pass out of the world of active influences into that of pure inertia. On the contrary, like all dead matter, it is infectious, and this infection is its *post-mortem* history. It is giving expression to a hobby, to say, that for months we have never been without the conviction that dead epithelium is the secret source of a mass of disease, as palpably as miasm is. What else shall we think is truer, in accounting for gangrene of the throat and fauces?

Consider the history of the occupation of one ward in this hospital, that reserved for surgical cases being the best in it. The mortality during the months of August and September was too great to be accountable in the eyes of science without explanation. The inmates were in the professional care of an attentive man, who had, however, no conception of hygiene or regimen. This want I in part supplied by vigilant cleanliness, but could not *supply in him* by any direction. I succeeded him in taking charge of the ward. The cases he left I caused to be first *thoroughly cleaned* with soap and warm water, and *scrubbing* with a mohair brush. The percentage of deaths diminished from 12½ per cent. to 5½, and the period of sickness must have been much *abridged*. The men were dismissed comparatively with *tone*, whereas before all the convalescents from that ward left the hospital with traces of sickness.

Such are the evidences, and such our conviction. But we can yet know but little of the pathology of the disease.

Why, then, is it, if it be not the epithelial surfaces in which inflammation begins, that the tissues they are upon, in which it does begin, do not show some inflammatory signs besides the ravage? Whoever had the care of these cases would, without prompting, have found the explanation in the *absence* of that normal force in the vascular system upon which all healthy processes turn. In all these cases there was the most palpable diminution of the enlivening elements of the blood. The powers we attribute, in the processes of health and disease, to the blood, upon which the activity of inflammation and the occurrence of its signs turn, were decreased by so much as this diminution. The system was, in fact, too feeble to maintain its anatomical integrity where any cause of ruin existed. These inflammatory signs are but so many phenomena of this power, and *will always be in proportion* to this power. They are a process, even though of disease, and will be active (as we say) or high in degree if the processes of the body be so, and accordingly are always stronger and more marked in the healthy than in the anæmic or depleted body. This is most forcibly true of the two particulars, heat and redness. I have therefore said this disease was non-febrile and non-inflammatory. But why do I differ from the received notion of inflammation? The difference lies in my estimation of what is inflammatory. That is inflammatory in which there is an augmentation of action, either general or local, attested in some increase of signs common to health and disease; or in some *product* of such action, as fever or granulation, or an increase of material peculiar to the body; and although the one or other of the signs may be absent, as in the cold variety of abscess, the condition is still inflammatory, which is the augmented *power* of the system continued until the culminating stage.

Hence we say this disease is non-febrile and non-inflammatory, because there was no such action as this either in heat or the redness or sense of distress occasioned by such action, or which may be occasioned by the presence of any product of such action.

This disease does not arise from overcrowding, for each bed *within* doors of this hospital was allotted over 1200 cubic feet of space; and it was in the open galleries only that the patients, even when the largest number was here, reposed any closer. It was always my conviction that the commencement period of the disease was not here, but in the unutterable foulness of their persons and apparel, and in the places, camp, field, or hospitals they had previously occupied. A nimbus of foul organic matter, from the skin and breathing surface of the lungs, as a focus, the exhalations of effete and desquamated organic particles from their bodies, their clothes, bedding, and personal utensils, were the conditions supposed to account for its presence. I have never known a clean invalid, in the ordinary civil sense, to enter this hospital; nor one in whom evidences or uncleanness were not perceptible to more than one sense. I do not here allude to "clean dirt," such as earth, or mud, or earth-dust, but to skins cadaverically foul with effete substance, to fetid mouths and nauseating breath, to reeking feet, to hairs and beards matted with sebaceous and sweaty excretions, and to gums whence arose a stench no putrescence could exceed, evident through the nares even when the jaws were closed.

I have no facts which indicate that chewing or smoking of tobacco bore any part in the destructive process of gangrene of the throat and gums.

Of course I am assuming that the disease I am describing in the lung is the earliest form of what I have already described as found in autopsies, at first unlooked for. The difficulty of making this a surety may yet be overcome, for some of the cases now under treatment, being feeble, may die. The loss of life may be a gain of certitude on this point.

During my first paper it was said, "that these cases presented no symptoms which indicated the progress of the ravage." Of course this was simply a confession of want of knowledge of what these symptoms were, because my

only knowledge was not of symptoms, but only of the ravaged parts in the dead body. And previous to their deaths the patients spoke of no signs, nor expressed any complaints which even suggested its existence, or which were not thought referable to other ailments they were treated for. It is sufficiently evident that none of these signs during life were observed or reported by the physicians. I could not attribute any to the disease in life. In saying, "none of them presented any inflammation of the throat, neither pain, sense of distress, nor constriction," I meant only the absence of every sign of complaint known to their attendants; nor was my attention in the living cases drawn to it by any complaint of theirs.

We might say this disease, of itself, does not *cause death*, but we have already explained that it is the enfeebled and prostrate system, the long continued absence of vigor and power, which is the *condition* privative of this disease, as that condition is the cause of, or terminates in, death; certainly it is impossible to separate this condition of the system into a *plurality of causes* of death, and then say a part of such plurality was not a cause of death. Yet the least incantation, or an inadequate amount of reflection, or insufficiency of insight, at once plunges us into absurdity in dealing with such problems.

In my first paper on this subject it was stated that the general debility was thought to be sufficient to cause death, and therefore it was not thought this *disease* caused death. This disease does not, however, exist, as we said, apart from this debility, but as inseparable from, and one with such state.

But, however our reflections may terminate, my sole present object is to furnish all the circumstances noted relating to it for their utility to others; and it is indeed solely to this end, and so early that I mention my conception of its exciting causes, and not with a design to take precedence in divining its pathology. For at this moment there are, perhaps, numerous cases of this disease, the existence of which is totally unsuspected; and now that its hitherto unaccepted existence is known, it must be speedily guarded against, proceeding in our precautions and treatment according to the dictum of such idea and theory of it as, for the time, seems the most rational. This, with a discriminating eye, was my first duty.

This estimation of the disease, influential just so far as it related to its ante-mortem character, *may* be corrected in continued and careful observation of its cause in the living subject. That no one here suspected or thought of there being a possibility of such a disease sufficiently explains the want of observance of any *signs* of it, even had they existed; for of course we cannot recognise the signs of a disease unless the disease is given as known by experience or description. If I am sustained by further observation in the opinion that I have at last discovered in the living the progress of the disease and its characters, *then* our previous estimation of it, derived from the dead only, may be either verified or modified. Had it assimilated scorbatus or any known form of ulceration it would have been recognised. The fact is the best of proofs of its originality here. I am, moreover, without any reason for doubting that the ravage I described as found in the dead, and that I find in the living, are different stages of the same disease, since the latter is as fully and peculiarly unlike any form of mouth and throat disease as the former; and to doubt their identity commits us to two equally new forms of disease.

It was without any satisfaction that I have attempted to assimilate this disease to any other form of destructive disease, whether gangrenous or not. It is in every respect unlike any of these. The relatively large proportion of cases infected with it invest it with the utmost gravity, fully as much in the arena of military surgery as any known surgical affection.

None of the living cases, now under treatment, have been long enough so to determine whether the ravage can be stayed from the moment treatment commences. When the topical application is made, it does not present the action

of ulcerated flesh. It is simply "tender" when sponged. At *un-uniform* intervals minute globules of blood appear where it is sponged; and on the succeeding day it will be found to be of a pale and exanimate hue, covered with a dirty white granular debris. In all the cases the disease ran on to the death; the ruined parts were of a dusky black, like that of bruised flesh, but not so in the living cases. The difference is probably entirely post-mortem.

[NOTE.—In regard to the death by scorbatus spoken of in my first paper, it was the only case in which I permitted an autopsy to be made by any other hands. I was undoubtedly deceived. I gave the operator permission to proceed, as I was not able at that time to do so myself. He reported scorbatus, but on reflection I am thoroughly convinced it was a gross error. No case of scorbatus has either died here or been here. When I said *scorbatic appearance* in one case, I meant merely the loosening of the teeth. No other symptom had ever been present, and no case of scorbatus has been known here, and no sign of it, either before or after death, though those here who had never seen it might have named it so.]

REMARKS

ON THE QUALIFICATIONS AND DUTIES OF THE "SURGEON IN CHARGE."

By JAMES BRYAN, M.D.,

SURGEON, U. S. VOLS.

"The experience of those who have the good fortune to be assigned as patients to these hospitals where the Surgeon in charge fully understands the administrative as well as the strictly surgical parts of his duties, shows that not only comfort, but even a certain approach to luxury, can be attained from the judicious application of the regular hospital incomes. When the Surgeon in charge is incompetent as a manager, or indifferent to the comfort of those under his care, or so overworked as to be obliged to neglect some of his duties, the patients suffer."

DR. L. B. RUSSEL'S Report to Gov. ANDREW.

"The man whom Heaven appoints
To govern others, should himself first learn
To bend his passions to the sway of reason,"

THOMSON.

In an article published some months ago, I attempted to delineate the duties of the regimental surgeons in the volunteer service. I desire now to make a few remarks on the functions and duties of the "Surgeon in charge" of one or more hospitals. This officer, as suggested by Dr. Russel, should have the double qualities of administration of the secular affairs of his hospital, combined with the highest acquirements and skill in his profession. The military service is essentially a despotism, connecting personal responsibility with a central power. This is as true in the medical as in the strictly military department of the army. The symbol and seal of this authority is *rank*, and he who strikes at the rank of the medical profession aims equally at its dignity and its efficiency. The medical man, in the performance of his godlike duties, is, like any other person, influenced by the rewards and honors of his fellows. The mere consciousness of performing his duty, while at the same time he is underrated and despised, is a martyrdom, which the public seem to think peculiarly adapted to the profession. History tells us that one of the cities of Greece erected a golden statue to the memory of Hippocrates, and Homer says that

"A wise physician skilled to heal,
Is more than armies to the public weal."

But enough of this; the position of the Surgeon in charge is one of great responsibility, and should be entrusted only to those possessing the qualities above enumerated. His duties are—First, not unfrequently, to supervise the erection, fitting out, and organization of his hospital. He should therefore be familiar with the style of architecture necessary for such a building; the laws which govern the ventilation and temperature of a hospital. He should understand the terrene and climatic causes of disease, in order to properly locate his building. He should appreciate the importance of cleanliness, and the absolute necessity of daily

policing, as it is called, the premises both inside and out, the value of baths, cold, warm, hot, vapor and medicated, as a means both of cleanliness and of cure, in the treatment of his patients; the arrangement of his kitchen, laundry, dining room, clothes room, drug room, water closets, etc., etc. Lastly, in the organization of his hospital he should be able to select proper officers for the performance of the several duties of steward, drug-clerk, ward-master, nurse, cook, laundress, etc., etc. This selection to be influenced not only by the acquirements of the parties in their several departments, but by their fitness in morals and general intelligence for their several posts. They are, in fact, to be members of one family, governed by one patriarchal head, and controlled by laws, many of which are unwritten.

Secondly, the Surgeon in charge should be a well educated and experienced surgeon. The regulations denominate him exclusively "surgeon," and his duties, especially during the war, partake largely of the characteristics of a surgeon. We all know that the ordinary medical examinations of the colleges are designed to test his qualifications in the several branches taught in these institutions. The examinations for the regular army, while they extend, in addition to the above, over some of the elements of an English education, are designed also to induce him to pay special attention to branches strictly surgical, as practical and topographical anatomy, together with more or less operative surgery, etc. The Surgeon in charge should have been familiar with these elementary studies and their application to practice, long enough to have established fixed and intelligent opinions in medicine and surgery. He should have been taught in the best regular medical schools, should have practised his profession in or out of the army, and should possess sufficient intelligence to profit by these circumstances. The chief reasons for these latter qualifications are, first, that he may be able to practise his profession in his post, with credit to himself and to the best interests of his patients. Secondly, that the medical officers under his command may with confidence rely upon his judgments and decisions in the critical and dangerous cases which occur almost daily in their practice in a general hospital. To have an inexperienced, incompetent, or uneducated man, in the post of Surgeon in charge, is an outrage not only to the brave soldiers, whose lives are thus jeopardized, but an insult to the medical men, young or other, who may be placed under his command.

The Surgeon in charge should be a *gentleman*, able to command the respect of his equals and inferiors; one whose habits or manners would not be calculated to attract attention by their singularity or immorality. He should be just to the Government, generous to his subordinates, and kind to his patients. He should be patient under the discipline of the army, careful of his words, respectful to his superiors, dignified and courteous to all.

Thirdly, this post demands the exercise of administrative faculties analogous to those of a strictly military commander. The *ipse dixit* of a Surgeon in charge, is, and must be, law to all under him in the hospital. This necessarily infers a power in his hands, which, controlled by a contracted or illiberal mind, may be the means of great oppression to his officers, or patients, or both. Here, as conciliatory manners soften the asperities of absolute command, so moderation in the execution of the laws of his household will conduce to its harmony and efficiency. He should protect the weak against the strong, punish and dismiss the deceitful and dishonest, and reprove by precept and example the immoral and debased.

He should be a good accountant, and attend closely and personally to the disbursements and receipts of his household, watching every avenue of excess, and taking every opportunity to economize and increase his store—he must purchase from his hospital fund, in the cheapest markets, such articles as are best adapted to the wants of his patients.

He must be firm, and exercise his best judgment in securing furloughs and discharges for his men. True to the

Government, he must be able to detect impostors and pretenders, and foil their dishonest intentions; at the same time he should lean to the side of mercy and kindness, in granting furloughs to his home-sick and chronic cases, remembering that these are his neighbors and fellow-citizens, whose sympathies and associations have been rudely sundered and harassed by this most unholy and diabolical war. He must learn, in fact, that men are not mere machines, but that the impulses of the affections, and the yearnings of the heart, influence not only the daily efficiency of the soldier, but in some cases menace his very life, by inducing debility and disease.

Lastly, the Surgeon in charge should familiarize himself by daily study with the "Rules, Regulations, and Orders" of the service. The latter, combined with "Circulars," are issued almost daily from headquarters, and are altered or expunged from time to time to meet the exigencies of the service. In this matter he will require a good memory, and the daily habit of obeying orders, whether new or old. Sometimes his communications to his superiors will be misconstrued or misunderstood, and he will receive censure without just cause. In these cases he will find it better to forget small injustices than to waste his time and energies in attempting to rectify them.

"This above all, to thine own self be true," etc., etc.

The Surgeon in charge should be the most industrious person in the hospital. Every officer and attendant should feel that the eye of the commanding officer is always upon him; and that swift punishment or reward will follow the glance of his eye (among the duties of the Surgeon in charge there is perhaps none of more importance than this). The weekly and other inspections should be made with rigor and punctuality, and every officer be made to feel that he must perform his whole duty. Another very important matter is the frequent personal visitation of the patients, either alone, or accompanied by, and in consultation with, the attending surgeons. This will give him an opportunity to watch the daily progress and results of disease, and its treatment. It will strengthen the hands of the medical attendants, secure justice to the patients, and instruct the Surgeon in charge as to the fidelity and capability of his medical corps. Rational consultations, and the frank interchange of opinions and ideas, will conduce to the interests of science and the harmony of the profession.

Strict military and professional etiquette should be observed by the Surgeon in charge in all his intercourse with his medical officers. All differences of opinion should be kept from the ear of the patient; all unnecessary changes in the prescriptions should be avoided.

Such are a few of the axioms connected with the Surgeon in charge.

The *London Law Times* has the following, on a trial in which a medical man was fined for having, as was alleged, caused rupture of the perineum in a case of labor. "Here, too, is another instance of the inefficiency of juries for the trial of civil disputes. Twelve men, utterly ignorant of the first principles of physiology, and more than ignorant, because filled with the most erroneous notions on the subject, are set to determine, whether a man who has studied the science for a lifetime, has rightly or wrongly applied it. True, they are supposed to be informed as to this by witnesses who are themselves experts; but in practice the experts on either side flatly contradict each other, and the ignorant jury must judge between them. This is a mockery of justice, discreditable alike to science and to law, and should be prevented, as it may be, by simply permitting the fact of admission to the profession to be conclusive evidence of competency in a medical man, limiting his liability for misconduct to negligence in the exercise of his skill, to be sustained by proof, actual misconduct, or positive neglect."

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, Sept. 24, 1862.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

ULCERATION OF VERMIFORM PROCESS BY GALL-STONE.

DR. CONANT exhibited a small biliary calculus, and gave the following history. On the evening of the 7th of August he was called to see a patient in Brooklyn, who the day before was attacked with what was supposed to be colic, and had obtained no relief from domestic remedies. The pulse was about 80 per minute, the pain was very severe, and was attended with tenderness over the epigastrium. Morphine was administered, and, although two grains had been taken up to midnight, immediate relief was only obtained by the inhalation of chloroform. After this the morphine acted so that the patient was enabled to pass the rest of the night and most of the following day (Thursday) in a tolerably comfortable condition. In the evening, however, Dr. Hill, who resided in the neighborhood, was called in, and found the patient commencing to sink, and he directed the use of stimulants and a continuance of beef-tea. On Friday the symptoms began to grow alarming, there being still considerable pain in the epigastrium. On Saturday there were symptoms of collapse; on Sunday the patient was in a semi-comatose condition; then becoming completely comatose, gradually sank until five o'clock Monday afternoon, when he died. It was the opinion of Drs. Conant and Hill that death was caused by peritonitis, but as there was no particular spot where tenderness was most marked, they were unable to refer it to any precise starting-point. During the whole illness of the patient no peristaltic action of the bowels could be induced. There was no trouble with the urine. On post-mortem examination the peritonitis was discovered to have had its origin in the ulceration of the appendix vermiformis, caused by what appeared to be a gall-stone covered with inspissated mucus. No chemical or microscopic examination of it was made.

Dr. C. stated that he had presented on previous occasions four or five cases of perforation of the appendix vermiformis. One of these accidents occurred to a medical student, a bean lodging in the process. The pain in this instance was localized. Death occurred from hemorrhage, the result of an ulceration of one of the branches of the ilio-lumbar artery. A second death by the same means occurred to a Methodist minister, who had eaten the beans on Friday and was taken sick the following Monday. In the case of the medical student the particular article of food was taken on a Friday, and the trouble likewise commenced the second day after. A third case that had been reported was that of a sailor who was admitted into the Marine Hospital with a severe attack of peritonitis, which, however, subsided, when, ten months subsequently, a second attack proved fatal. On post-mortem examination it was shown that the foreign body had caused the first attack, and had remained during all that interval in the appendix vermiformis without causing any trouble. The old adhesions were very firm and tough.

DR. ELLIOT asked if the urine had been examined, inasmuch as he thought it was very unusual for coma to precede death in such cases.

DR. CONANT stated that there had never been any trouble with the urine, and was disposed to think that the coma was due to the absorption of poison from the peritonitis.

DR. ELLIOT, in further remarking upon the case, thought it afforded an illustration of the fact that the pain is not always confined to one particular locality. In regard to the time in which foreign bodies remained in the vermiform process, he had a very interesting case in a boy, six or seven years of age, who died of perforation. After death the foreign matter, which was partly within and partly without the ulceration, was carefully examined by Dr.

Clark, when its nucleus was found to be a strawberry seed, around which had accumulated successive layers of fecal matter, in which were found portions of the pericarp of wheat, and other materials. It was positively known in this instance that the child had not partaken of any strawberries, either fresh or preserved, since the season before, death taking place the following March.

DR. KRACKOWIZER related a case which had come under his observation, of a man who, a year ago last summer, was first attacked with general abdominal peritonitis, starting from the right iliac region. An abscess formed in this locality, opened, and healed. From the latter end of November until the end of the following February there were six or seven similar attacks, which, as in the first instance, could not be referred to any apparent cause. The disease was always amenable to opium. At the last attack an abscess again formed in the right iliac region. This was opened, discharging a considerable amount of matter. On probing the wound with the finger, the abscess was found to extend no deeper than between the external and internal oblique muscles. One morning, on removing the dressings, the patient's attention was attracted by the falling of some hard substance into the basin. On examining it afterwards it was found to consist of an entrolite, covered over with a whitish material. The abscess healed rapidly after this, and the patient has never suffered from a subsequent attack.

FOREIGN CORRESPONDENCE.

LETTER XXII.

By PROF. CHARLES A. LEE.

MINERAL WATERS OF SWITZERLAND.

BADEN, SWITZERLAND, Sept. 18, 1862.

It is not my purpose to describe the natural scenery of this region, which is certainly very striking, and would require some pages to do it justice. As to the medical properties of the water, independent of the temperature, I much doubt whether it can truly be said to possess any whatever. The imagination probably has a good deal to do with its supposed effects. It is used externally and internally. Like our Saratoga waters, ten or twelve glasses are taken in the morning, besides more or less at meals. It is a little cold, and is said to produce insomnia, like coffee. From 11 to 12 hours is the duration of a bath, and two per day are taken; no eruption is produced by the baths, which produce very agreeable sensations, like warm baths generally: calmative without debilitating. A large number of nervous affections are annually treated at Pfeffers, such as disorders of the sensibility, *tic douloureux*, chorea, spasmodic contractions, headache, disordered menstruation, sciatica, and disorders connected with disease of the spinal cord. Some have compared their action to that of the waters of Wildbad and Gastein, but we shall hereafter show that there is little if any analogy between them. Some physicians regard them as almost specific in gastralgia and chronic catarrh of the bladder, even when there are purulent deposits in the urine, with painful micturition. The rapidity with which this, like all other pure water, is absorbed and eliminated doubtless produces an irrigation of the mucous membrane which exerts a favorable influence over its secretions and sensibility. The baths at Ragatz only differ from those of Pfeffers in having lost some degrees of temperature in their passage through the wooden pipes.

The hot saline waters of *Leuk* deserve a very prominent place among the mineral waters of Switzerland. The *Baths of Leuk* (*Leukerbad*, *Loèche*), are most romantically situated in a deep valley or gorge, fronting the famous chain of the Gemmi. They are approached from Sion, in the valley of the Rhone, through which the railway from Geneva passes. The springs are very numerous, and the body of water discharged is estimated at ten million litres every twenty-four hours. The temperature is 122° Fah.

The water is perfectly limpid, without smell, and a very slightly bitter astringent taste. Its mineral ingredients are *sulphate of lime, sulphate of soda and magnesia, carb. of iron*, and traces of other salts. It is also said to contain arsenic. The water is chiefly employed for baths, very little being drunk. The baths consist of five or six lodging-houses, connected with a village of 300 inhabitants, and situated 4,500 feet above the level of the sea. The situation is dreary, the climate bad, the accommodations poor; and yet they attract large numbers of visitors during the summer months, especially Swiss and French. The baths are large square reservoirs, about four feet deep, and capable of accommodating from thirty to forty persons at once. The want of private baths, and the necessity of preventing the ennui of such an amphibious existence if passed in solitude, has led to the practice of bathing in common. The principal bath-house is a large shed, divided into four compartments or baths, each about twenty feet square, and capable of holding from thirty to forty persons. To each of these baths there are two entrances communicating with dressing rooms, one for ladies, the other for gentlemen. A gallery runs along the partitions dividing the baths, into which any one is admitted, either to look on or converse with the bathers below. As the water is too hot for a bath, it is allowed to remain in the receptacles over night to cool. About four or five o'clock in the morning the bathers begin to assemble. Clothed in long woollen gowns they descend into the water, and it is rather a strange sight to see thirty or forty heads emerging from the water, of both sexes and all ages, while there are floating about on the surface wooden tables holding coffee, cups, newspapers, books, chess and backgammon boards, cards, dice, and other aids, to enable the bathers to pass away the hours they are advised to remain in the water, which is eight hours a day—four before breakfast and four after dinner. Here may be seen young ladies, burly friars, invalid officers and soldiers, ancient dames, young gentlemen, children, monks, nuns (I believe), all ranks and conditions, with tippets over their shoulders, some talking, some singing, some joking and telling stories, some silent and meditating; truly it is a singular sight, and stranger still if there should not be some shipwrecks on this miniature ocean! Here a *tête-à-tête*, perhaps a flirtation is going on; the temperature in the meantime being maintained by fresh water flowing in. I believe the patients are directed to begin with a bath of from half an hour to an hour's duration, and gradually increase till they reach eight hours' duration, which is continued for twelve to fifteen days, when it is diminished in the same proportion till they get back to the half hour. The duration of the treatment averages about twenty-five days, varying somewhat according to circumstances. A set of regulations and sumptuary laws are suspended against the walls for the preservation of order and decorum in the baths, signed by the burgomaster, who enforces his authority by a fine of twenty francs for any offence against his code. After emerging from the bath, the patient is directed to remain one hour in bed.

Great stress is laid by the physicians who prescribe these baths on what they call the "*poussée*," which, I take it, corresponds to our *crisis*. It consists mainly in a cutaneous eruption, which occurs from the sixth to the twelfth day, and is preceded by febrile symptoms and a subnormal condition of the *primæ viæ*. The tongue is coated, the appetite fails, and insomnia, with a vague feeling of sadness and inquietude, is experienced. At this period vomiting often produces excellent effects. Gradually a redness, accompanied with heat and itching, spreads over the whole body except the hands and face. This is succeeded by a true eruption, when the febrile excitement and other symptoms yield, although the *crisis*, under the continued use of the baths, still prevails. In some instances small red patches appear on the surface, which yield to pressure of the finger, and resemble erythema, though in a severer form it assumes the characteristics of erysipelas. Occasionally the skin is covered with small vesicles, and the cuticle desqua-

mates. I shall not, however, dwell on this phenomenon, which is regarded by some as specific, and occasioned only by the baths of Leuk. For there is every reason to believe that baths of distilled water of the same temperature, of equal duration, would produce the same effects. These baths are chiefly recommended for scrofulous and syphilitic affections, old ulcers, cutaneous affections, and internal organic diseases.

There are a few other mineral waters in Switzerland, but of no great importance; such as the *cold ferruginous springs at Saint Moritz* (Grisons), containing a very large amount of carbonic acid gas, and which were recommended by Paracelsus in the sixteenth century. They are chiefly administered in the treatment of *anæmia* and *chlorosis*, both externally and internally. There are also the *alkaline waters of Tarash* (Grisons), of an alkaline bitter taste, slightly astringent, and which seem to be saturated with carbonic acid gas. These are tonic, alterative, and laxative, and highly recommended in *asthma*, engorgements of the abdominal viscera, languid portal circulation, etc. The *carbonated alkaline waters of Weissembourg* (Berne) have recently attracted some attention, as sedative in affections of the respiratory organs, as subacute inflammation of the bronchial mucous membrane, incipient phthisis, etc.; we might also mention the *iodine and bromine spring of Saxau* (Valais) near Martigny, recommended in *Scrofula*; also the *sulphuretted thermal waters of Lavey* (Valais) near Saint Maurice, also containing iodine and bromine, and employed in the same cases.

The above comprise all the mineral waters of Switzerland which are in much repute in the treatment of disease. Of course, their medicinal properties can only be glanced at within the limits to which I must necessarily confine my remarks. Those of Germany, etc., must be treated of in the same summary manner.

American Medical Times.

SATURDAY, JANUARY 24, 1863.

REGISTRATION OF MARRIAGES AND BIRTHS.

THE opening paragraph of the recent annual report of the City Inspector of New York contains the following statistical summary: marriages, 2,896; births, 7,612; deaths, 21,244. If this were a correct, or even an approximately correct return, the facts would be of startling import. The aggregate of deaths would exceed the aggregate of births threefold! It would not be difficult, with this data, to fix the period of the depopulation of this island.

But it is not presumed that this statement has the slightest foundation in truth. On the contrary, it simply furnishes an index of the entire disregard of law, as well as all moral obligations, by two of the most high-minded professions. For, it is a duty imposed by solemn legal enactment that every clergyman and justice shall make accurate returns to the City Inspector of every marriage solemnized by him, and that every physician or person officiating as accoucheur shall make accurate returns of every birth occurring in his practice. And this law is penal; for every violation a fine of fifty dollars is incurred. It is not, however, as a penal offence that we wish to regard the neglect of the duty imposed by this law on professions so jealous of their honor, and sensitively proud of their conscientious discharge of duty; we have, we trust, but to point to the moral obligations which the law imposes to secure a strict obedience to its statute.

The vital and social statistics of any people are the bases of calculation of their material strength and progress in true civilization. Hence most enlightened nations have carefully collected these facts, and preserved them in their archives. They are also of immediate value in legislation, and afford the best guide in the adaptation of civil and municipal regulations to the specific wants of the people. From them we learn the influence of climates, of trades, of soils, of country and city, etc., on the health and mortality of classes. Finally, vital statistics are of value to the science of medicine. It has been well said:—"The registration of births and deaths is the registration of millions of facts in physiology and pathology, each individual fact having diversified relations. Moreover, these facts are so collected and registered as to be capable of being tabulated, and so exhibit their diversified relations under every possible aspect. It affords that long wished-for desideratum, a record of multitudinous medical observations, and so similar in their essential points as to admit of comparison." The most weighty considerations, both to the city and the profession, are involved in the fulfilment of the Registration Act of this State, which is now rendered a dead letter by the indifference of those who should carefully carry out its requirements. We hold, therefore, that it is the most sacred duty of clergymen and physicians to rigidly observe this law, and report the marriages and births which come under their cognizance faithfully and promptly.

In the early days of registration in England, the same appeal had to be made to the medical profession. In the following language the President of the Royal College of Physicians, SIR HENRY HALFORD, and the President of the Royal College of Surgeons, SIR ASTLEY COOPER, addressed their brethren:—"We resolve to fulfil the intentions of the Legislature in procuring a better registration of the causes of death, being convinced that such an improved registration cannot fail to lead to a more accurate statistical account of the prevalence of particular diseases, from time to time. We pledge ourselves, therefore, to give, in every instance which may fall under our care, an authentic name of the fatal disease. And we entreat all authorized practitioners throughout the country to follow our example, and adopt the same practice, and so assist in establishing a better registration in future throughout England." From efforts like these, independent of any compulsory enactments, has grown up that extensive and accurate system of registration, which is now the special pride of every intelligent Englishman. It is by similar efforts that we are to establish in this country a system of registration which will be an honor to the city, and largely promote the welfare of the people.

We have alluded briefly to this most important subject with the opening year, in the hope that many, perhaps the great mass, of the physicians of New York, may be induced to report regularly to the City Inspector, during 1878, the births which occur in their practice. The labor is slight, as all that is required is to fill a blank, and mail it to the City Inspector. We sincerely hope, that many hitherto negligent may be stimulated to comply with this most righteous and necessary law of our Health Department, and that the records at the close of the year will present reliable statistics of the births, as well as deaths, which have occurred.

THE WEEK.

WE learn that PROF. JOHN V. P. QUACKENBUSH, of Albany, has been appointed by His Excellency GOVERNOR SEYMOUR to the office of Surgeon-General of the State of New York. Hitherto in times of peace it was a matter of no importance who filled this merely honorary position on the Governor's Staff; but recently since the war began it has become an office of vast responsibility. The appointment of the surgeons for nearly two hundred regiments, or for more than two hundred and twenty thousand New York volunteers, has already devolved upon this department. The department has also to ascertain the capability of surgeons for this office, and to watch with careful eye how they acquit themselves in the service; it has also under careful surveillance all that pertains to the health of our volunteer force. The public and the profession both know with what indefatigable zeal and ability the retiring Surgeon-General, DR. VANDERPOEL, has performed these duties. The public and the profession are therefore largely interested in his successor.

DR. QUACKENBUSH is a native of Albany, a graduate of Williams College in 1839, and has been in the practice of medicine about twenty-two years. For several years he has occupied the chair of obstetrics and diseases of women in his Alma Mater, the Albany Medical College, a position for which his large and successful experience peculiarly qualifies him. Dr. Quackenbush is courteous and obliging in his manners, easily approached, and ever ready for business, which he dispatches promptly and correctly. Zealous for the honor of the profession, and especially as represented in the medical corps of the New York State troops, he enters upon the onerous duties of his department, with a determination, we believe, to sustain the high expectations of the medical profession, which will give him a cordial and generous support.

THE Chairman of the Committee on Medical and Surgical Statistics, of the New York State Medical Society, DR. J. G. ORTON, of Binghamton, has issued circulars requesting returns to be made to him of whatever statistics members may have recorded. He says:—"Any Statistical Facts which you may have recorded, be they ever so few, will be thankfully received, and due credit will be given to all communications unless otherwise ordered. Your original manuscripts, etc., will be carefully preserved and placed in the hands of the Secretary of the State Medical Society, of whom they may be obtained upon application." It is very desirable that these returns be made immediately, and it is to be hoped that they will be full and accurate.

THE appointments to vacancies in the medical staff of the regiments in service from this State are made through the Surgeon-General of the State. Such vacancies, we understand, are constantly occurring, and there is likely to be a constant demand for first class surgeons and assistant surgeons during the war, and indeed long afterwards. An examination of applicants, together with the filing of testimonials of fitness and character, is preliminary to the appointments. Such examinations may be had any day, at the office of Surgeon-General QUACKENBUSH, at Albany.

THE recent annual election of officers of the New York Academy of Medicine resulted in the re-election of Dr.

ANDERSON, as President for the ensuing two years. This is a well deserved compliment to the zeal, courtesy, and ability, with which Dr. ANDERSON has discharged the duties of his office. During his presidential term the Academy has been a working body, and has acquired a wide reputation by its scientific papers and discussions.

At the Annual Meeting of the Pathological Society, Dr. DAVID S. COXANT was elected President for the ensuing year.

Correspondence.

ELECTRO-MAGNETISM AS A REMEDY.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—In your No. of the 17th inst. there is a communication from Dr. H. Lassing with kind suggestions from experience, intended to throw light on the apparent ill results following the application of the induced electric current in the case which I reported in your issue of January 3d. The remarks of Dr. Lassing are of themselves sufficient to show without comment, that he is confused in regard to the various kinds of electric currents, and that his experience in electro-magnetism differs from authors. I can but consider the Doctor's unfavorable opinion of Ruhmkorff's electro-medical apparatus as very gratuitous. I certainly neither know nor can judge as to the perfection of the apparatus employed by Dr. Lassing, the inventor of which, I regret, he does not mention, but, according to best authorities, and from my personal experience of many of the electro-medical apparatuses, I have considered Ruhmkorff's as perhaps the best suited apparatus for medical purposes. The reduced size of the instrument, the advantage of the batteries working uniformly and for a long time with a small quantity of bisulphate of mercury, and thus being free from the inconveniences of those in which the voltaic electricity is disengaged by the chemical action of some acid solution upon the elements,—a powerful coil with the separation of the two currents, the primary or extra current, and the secondary current or the induced in the fine wire, with the best of all rheotomes, the trembler, and a graduated regulation; such are briefly the improvements of Ruhmkorff's apparatus, which Doctor L., however, condemns as not well constructed. I wish I could subscribe, without changing my notions of physics, to what Dr. Lassing thinks *quite evident* in the method of application of the induced current, which I described; but I never meant to express, nor did I write anything like "that the negative pole of the induced current was applied in the cervix, while the positive pole was attached to the pubes." Indeed, I am well aware that there is never a permanent positive and negative pole in an inductive apparatus, as admitted by those familiar with electricity, and by the Doctor himself, who speaks in his letter of the *constant change of polarity of the induced current*, although a moment before he disregarded the peculiarity of the current, most likely because he does not distinguish the direct galvanic current from the primary or extra current, induced in the thick wire of an induction apparatus. For the sake of evidence, I beg to remind the Doctor, in illustration of the constant change of polarity of the induced current, of the impossibility of decomposing water by it, simply because oxygen and hydrogen simultaneously disengaged in each of the poles, alternately being positive and negative, immediately combine again; yet a more striking proof of this phenomenon may be observed, if instead of water a solution of starch and iodide of potassium is employed, the blue reaction of the free iodide being then evident at either of the poles. Dr. Lassing charges me with calling the direct current *primary*; I am at a loss to know where I

claimed such originality. Let the Doctor read my article and he will see that I call *primary current* the so-named by every author, *i. e.* the *extra current* of Faraday, induced in the thick wire. The Doctor may read in the excellent "Treatise on Medical Electricity," published by Dr. J. Althaus, (London, 1859), page 205, "A *volta-electric apparatus fit for medical use must furnish two currents, viz. the primary current or extra current* induced by the action of the spirals of the thick wire upon themselves; and the *secondary current or the current induced in the second wire*, which is long and fine."—I could present many other similar and equally valuable quotations to sustain the propriety of the term *primary* employed by me. Finally, the application of the induced current did not fail to determine the result expected, as the Dr. writes; on the contrary, the uterus contracted upon itself, and there was stoppage of the hæmorrhage. I presumed that such would be the effects of the induced current from its physiological effects, and although I know besides that irritation of the womb is among the causes of reflex paralysis, and that sensibility may be notably diminished by a continuous galvanic current, or by a rapid mild induced one, yet I was not aware that the latter could be attended with the relapsing paralytic effects described in the case. The practice of our science discloses endless difficulties, which experience can only solve; we have to learn new facts at every step, and imperfect and liable to error as the mind is, it is no little satisfaction to find in the course of our pursuits a kind pride guarding us from the latter; but a great physician says "that there is only one way to be sure of anything in medicine, and that is to accept only positive evidence"—a sound and wise precept, which must likewise be applied to the suggestions of those who want to protect us against prejudices and wrong impressions arising from our natural inability.

Yours, &c.,

M. GONZALEZ ECHEVERRIA.

New York, January 19, 1863.

Army Medical Intelligence.

(CIRCULAR No. 1.)

SURGEON-GENERAL'S OFFICE,
WASHINGTON CITY, D.C., Jan. 14, 1863.

By order of the War Department, the following instructions are promulgated in reference to discharges from General Hospitals:

I. Under no circumstances has the Surgeon in charge of General Hospitals, as commanding officer thereof, authority to discharge soldiers.

The final statements, and all the discharge papers, will be made out under the supervision of the military commander, and signed by him. (Vide paragraph 3 of General Orders, No. 36, of 1862.)

To prevent confusion and misunderstanding hereafter, Medical Officers in charge of General Hospitals are enjoined to be strictly guided by the above instructions.

II. Surgeons in charge of General Hospitals will, as soon as possible after the close of each month, transmit to this office a copy of the "Statement of the Hospital Fund." (Vide paragraph 1264, General Regulations.)

Medical Directors will urge upon Surgeons under their control the importance of prompt obedience to this regulation.

WILLIAM A. HAMMOND,
Surgeon-General U.S.A.

GENERAL ORDERS, NO. 7.

WAR DEPARTMENT, ADJUTANT GENERAL'S OFFICE,
WASHINGTON, JANUARY 7, 1863.

The following Act of Congress is published for the information and government of all concerned:

AN ACT to improve the organization of the Cavalry Forces.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That hereafter each regiment of Cavalry organized in the United States service may have two assistant surgeons, and each company or troop of Cavalry shall have from sixty to seventy-eight privates.

Approved January 6, 1863.

By order of the Secretary of War.

E. D. TOWNSEND, *Asst. Adjutant-General.*

MEDICAL DIRECTOR'S OFFICE, }
WASHINGTON, D.C., Jan. 16, 1863. }

SIR:—I have the honor to report that all the churches in this city, and in Georgetown, which were taken by the Government for military hospitals, have been restored to their respective congregations, with the exception of Trinity Church in this city, ordered to be retained by the Secretary of War.

Very respectfully,

Your obt. serv't,

R. O. ABBOTT,
Surgeon U.S.A., and
Asst. Med. Director.

Surgeon-Gen. W. A. HAMMOND, U.S.A.

CHANGES, ORDERS, &c.

So much of Special Orders 359, current series, Adjutant-General's Office, as dismissed Assistant Surgeon W. H. Heath, 2d Massachusetts Vols., has been revoked, and he is restored to his command, provided the vacancy has not been filled.

Asst Surgeon E. G. Derby, 94th New York Vols., has been ordered to rejoin his regiment.

Asst Surgeon J. R. Eddy, 12th New York Vols., has been dismissed the service of the United States, for being in Washington without proper authority.

Leave of absence for twenty days has been granted to Surgeon W. C. Bolia, 25d Pennsylvania Vols., and to Assistant Surgeon Dwight W. Day, 154th New York Vols.

Asst Surgeon A. J. Libby, 24th Maine Vols., having tendered his resignation on account of disability, has been mustered out of service from date of muster in, there being no evidence of service rendered by him to the Government.

So much of Special Orders 359, current series, Adjutant-General's Office, as dismissed Surgeon W. Faulkner, 83d Pennsylvania Vols., for absence without leave, on the report of the Medical Director, Army of the Potomac, has been revoked, Surgeon Faulkner having been honorably discharged by Special Orders 281 from Headquarters of said Army.

Leave of absence for twenty days has been granted to Assistant Surgeon J. D. Hewitt, 10th New York Vols., and for two weeks to Assistant Surgeon J. H. Bailey, U.S.A.

Asst Surgeon E. S. Silcox, 18th Massachusetts Vols., has been dismissed the service of the United States, for inveigling soldiers into paying him for professional services.

So much of Special Orders 251, current series, Adjutant-General's Office, as musters Surgeon J. M., 14th New York Vols., a supernumerary officer, out of service, to date February 20th, 1862, is amended, so as to muster him out to date October 18th, 1862, that being the date he ceased duty.

Leave of absence for ten days has been granted to Surgeon W. A. Mardill, 23d New York Vols.

Asst Surgeon J. D. Lewis, 25th New York Vols., dismissed the service by Special Orders 357, current series, Adjutant-General's Office, has been restored to his command, provided the vacancy has not been filled.

Surgeon A. P. Dalrymple, U.S.V., is on leave of absence in New York.

Surgeon A. B. Shipman, U.S.V., is on sick leave at Syracuse, N. Y.

Surgeon G. Grant, U.S.V., has been relieved from duty with the Army of the Potomac, and ordered to report to the Surgeon-General.

Surgeon G. S. Palmer, U.S.V., has been relieved from duty in the field, and ordered to report to the Medical Director at Washington, D. C.

Surgeon A. M. Thurston, U.S.V., has relieved Surgeon E. Swift, U.S.A., as Medical Director at Nashville, Tenn.

Surgeon A. N. Dougherty, U.S.V., has been assigned to duty as Medical Director of the Light Grand Division, Army of the Potomac.

Surgeon J. H. Taylor, U.S.V., has been assigned to duty as Medical Director, 2d Army Corps.

Surgeon Thomas Sim, U.S.V., has been dismissed the service of the United States, for disobedience of orders.

Asst Surgeon Geo. E. Pattee, U.S.V., has been dropped from the rolls of the Army for absence without leave.

Surgeon T. G. Catlin, U.S.V., has relieved Surgeon Thomas Azpell, U.S.V., in charge of the Marine Hospital, St. Louis, Mo.

Surgeon Ira Russell, U.S.V., is in charge of General Hospital, Fayetteville, Ark.

Surgeon W. S. Forbes, U.S.V., has been placed in charge of the Episcopal Hospital, Philadelphia.

Surgeon W. W. Nassau, U.S.V., has been ordered to Memphis, Tenn., for duty.

Asst Surgeon J. W. Brewer, U.S.A., has entered upon the duties of Medical Purveyor at Memphis, Tenn.

Asst Surgeon D. L. Huntington, U.S.A., is on duty in the Medical Director's Office, Fort Monroe.

Surgeon A. Crispell, U.S.V., has relieved Surgeon Dalrymple as Post Surgeon at Hilton Head, S. C.

Surgeon W. H. Thorn, U.S.V., has been assigned to duty in the Medical Director's Office, 11th Army Corps (Sigel's).

Surgeon A. L. Cox, U.S.V., has been placed on duty with the 1st Army Corps, Army of the Potomac.

So much of Special Orders 377, series of 1862, Adjutant-General's Office, as discharged Assistant Surgeon H. W. Owen, 75th Ohio Vols., on account of disability, has been amended to date November 28, 1862.

The muster into service of Assistant Surgeon Eugene Schumme, 2d N. Y. Vols., of date September 8, 1862, has been revoked, there being no evidence of service rendered by him to the Government, and he having tendered his resignation.

Surgeon Thaddeus A. Kearney, 123d Ohio Vols., having tendered his resignation, has been honorably discharged the service of the United States.

Leave of absence for thirty days has been granted to Surgeon John F. Whitbeck, 108th New York Vols., and to Assistant Surgeon Baker, 95th New York Vols.

The Medical Purveying Depot at Columbus, Ky., has been removed to Memphis, Tenn., by order of Assistant Surgeon General Wood, U.S.A.

Asst Surgeon C. F. Cornick, U.S.A., has arrived at and entered upon his duties in the General Hospital at Portsmouth Grove, E. I.

Asst Surgeon Geo. N. McGill, U.S.A., has been transferred from the Clifflburne Hospital to the Lincoln Hospital, Washington, D. C.

Dr. Jno. M. Cuyler, Medical Inspector, U.S.A., has arrived at Philadelphia, and entered upon the duty of President of the Army Medical Board, in addition to his inspecting duties.

Asst Surgeon G. M. Sternberg, U.S.A., has been assigned to duty in the Office of the Medical Director, at New Orleans, La.

Leave of absence for twenty days has been granted to Surgeon F. Reynolds, 88th New York Vols., for eight days to Assistant Surgeon W. O. McDonald, 65th New York Vols., and for ten days to Assistant Surgeon W. H. Lincoln, 7th Massachusetts Vols.

Asst Surgeon L. H. Sheldon, U.S.A., has been transferred from General Hospital at Portsmouth Grove, E. I., to the Military Academy, West Point, N. Y.

Medical Inspector Geo. H. Lyman, U.S.A., has arrived at Nashville, Tenn., and entered upon his duties as Inspector of the Army commanded by Major-General Rosecrans.

Asst Surgeon O. Rogers, 40th New York Vols., having tendered his resignation on account of disability, has been honorably discharged from the service of the United States.

The leave of absence heretofore granted Surgeon J. H. Taylor, U.S.V., Medical Director 2d Army Corps, has been extended ten days.

Leave of absence for twenty days has been granted to Surgeon T. S. Christ, 45th Penn. Vols.

Surgeon J. G. Wood and Assistant Surgeon Robert Rae, 6th New York Artillery, have been discharged from the service of the United States.

Leave of absence for fifteen days has been granted to Surgeon J. B. Petherbauge, 65th New York Vols.

Surgeons D. L. Magruder and Assistant Surgeon W. P. Grier, U.S.A., and Surgeons S. E. Haven and Thomas G. Catlin, U.S.V., have been ordered to proceed without delay to St. Louis, Mo., and report for duty to Assistant Surgeon-General E. C. Wood, U.S.A.

Asst Surgeon J. F. Randolph, U.S.A., as soon as examined for promotion, will proceed to St. Louis, Mo., to report for duty to Assistant Surgeon-General E. C. Wood, U.S.A.

Asst Surgeon S. H. French, 109th New York Vols., has been ordered to report for duty to the Surgeon in charge of the General Hospital at Annapolis, Md.

Medical News.

AT VIENNA, on the 13th ult., the fiftieth doctor-jubilee of Dr. F. Jäger was celebrated. He received the good wishes of all the medical corporations; a new doctor's diploma was handed to him by the Doctorial College. Dr. Jäger's merits and works as an oculist are well known. He was, we read, the most faithful disciple of his master, Beer—the founder of the Austrian school of ophthalmology. His fame has spread through all Europe; and numerous orders adorn his breast.—*Brit. Jour.*

On the 17th ult., the Nestor of German physiology, Professor Purkinje, kept his seventy-fifth birthday. A series of ovals were made to him, finished up by an evening torchlight procession.—*Brit. Jour.*

At the French Academy of Medicine have been nominated for the ensuing year—as President, M. Larrey; as Vice-President, M. Grisolle; and as Secretary, M. Bécarré.—*Brit. Jour.*

THE Chair of Midwifery at Milan is at the present time being disputed (by *concours*) by Professors Grillenzoni of Ferrara (a deputy), Col-Bene of Modena, Paccianti of Naples, Madruzza of Bologna, etc.—*Brit. Jour.*

M. SEDILLOR was made a Commander of the Order of St. Gregory the Great by the Pope, on the occasion of his medical inspection of the army of occupation at Rome.—*Brit. Jour.*

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY
AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 12th day of January to the 19th day of January, 1883.

Deaths.—Men, 126; women, 101; boys, 135; girls, 105; total, 467. Adults, 227; children, 240; males, 261; females, 206; colored, 8. Infants under two years of age, 141. Children born of native parents, 27; foreign, 178. Among the causes of death we notice:—Apoplexy, 10; infantile convulsions, 20; croup, 31; diphtheria, 31; scarlet fever, 23; typhus and typhoid fevers, 12; consumption, 76; small-pox, 1; measles, 4; dropsy of head, 18; infantile marasmus, 22; cholera infantum, 1; inflammation of brain, 13; of bowels, 11; of lungs, 25; bronchitis, 7; congestion of brain, 1; of lungs, 11; erysipelas, 3; diarrhea and dysentery, 9. 256 deaths occurred from acute diseases, and 211 from violent causes. 304 were native, and 163 foreign; of whom 104 came from Ireland; 52 died in the City Charities; of whom 14 were in Bellevue Hospital, and 1 died in the Immigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

| Jan. 1883 | SIX A.M. | | | | TWO P.M. | | | | TEN P.M. | | | |
|--------------|------------|------------|-------------|-----------|------------|------------|-------------|-----------|------------|------------|-------------|-----------|
| | Min. Temp. | Max. Temp. | Evaporation | Barometer | Min. Temp. | Max. Temp. | Evap. Below | Barometer | Min. Temp. | Max. Temp. | Evap. Below | Barometer |
| 11th. | 17.29 | 3 | 29.61 | S.W. | 40.7 | 29.63 | S.W. | 35.4 | 29.81 | S.W. | | |
| 12th. | 26.27 | 4 | 29.90 | W. | 41.8 | 30.17 | S.W. | 34.3 | 30.20 | W. | | |
| 13th. | 6.26 | 4 | 30.30 | N.W. | 29.7 | 30.24 | N. | 35.2 | 30.15 | N. | | |
| 14th. | 8.45 | 1 | 30.10 | N.E. | 50.2 | 29.90 | N.E. | 46.1 | 29.71 | Calm. | | |
| 15th. | 37.37 | 1 | 29.60 | N.E. | 48.1 | 29.55 | Calm. | 45.1 | 29.50 | Calm. | | |
| 16th. | 28.14 | 1 | 29.27 | N.E. | 61.4 | 29.28 | S. | 35.3 | 29.70 | N.W. | | |
| 17th. | 18.21 | 3 | 30.22 | N.W. | 29.5 | 30.30 | N.W. | 16.4 | 30.40 | N. | | |

REMARKS.—11th, Cloudy early; fine day; moderate wind. 12th, Clear. 13th, Variable. 14th, Fog on the river nearly all day, very light rain. 15th, The same. 16th, Rain a.w.; clearing, with fresh wind late at night. 17th, Clear, and cold, with fresh wind. One inch of rain fell during the week.

SPECIAL NOTICES.

The Regular Monthly Meeting of the Section of Medical Pathology and Practice of Medicine of the New York Academy of Medicine, will be held at the house of the Chairman, Dr. H. BULKLEY, No. 42 East 22d St., on Monday next, 26th inst., at 8 o'clock P.M. Subject for discussion, PATHOLOGY and TREATMENT OF PNEUMONIA.

Medical Society of the State of New

York. The Fifty-sixth Annual Meeting of the Medical Society of the State of New York will be held, pursuant to statute, in the city of Albany, on Tuesday, February 3, 1883. The session will continue on the 4th and 5th. Punctual attendance is requested.

SYLVESTER D. WILLARD, M.D.,
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Dr. J. B. Smith's Crystal Battery

Electro-Magnetic Medical Apparatus: an important improvement on his patented direct and to and fro current machine. This direct or primary current is the only sensational current of the kind known; there is but one electric current, and three modifications of that current; these are evolved by this machine, hence all other currents talked of are myths. This apparatus furnishes a strong power, is clean, and causes no trouble. Runs at an expense of three or four cents a month.

Dr. J. B. SMITH
364½ Canal, opposite Wooster St.
New York.

Home for Invalids.—The Pavilion

Hotel, at Glen Cove, Long Island, formerly well known as a fashionable summer resort, has recently been converted into a medical institution, designed for the cure and treatment of NEURALGIA, Chronic Diseases, and Nervous Affections. The locality is remarkable for its salubrity, possesses many natural advantages, and its beautiful scenery and general attractiveness are unsurpassed. Important alterations and improvements having been made in the buildings, especially adapting them to the purposes intended, the institution is now open for the reception of patients. Inquiries and applications for admission may be made either at the Home for Invalids, Glen Cove, L. I., or at the office of the institution, 438 Broadway, N. Y., every Tuesday and Friday, from 10 to 12 o'clock. This institution has been established under the auspices of some of the leading physicians and citizens of this city, and its managers respectfully invite the attention and inquiry of the profession as to its merits, confidently believing it will be found in all respects worthy of aid and support.

To the Medical Profession.—Dr. I.

PARIQOT, Honorary Professor of the University of Brussels, late Commissioner in Lunacy, and Superintendent of Ghent, has opened an Institution at *Hastings, on the Hudson*, for the cure of mental and nervous diseases. The house is situated in a delightful and retired spot near the Hudson with vast grounds and gardens. The system employed in this new institution (that of *free air and family life*) is based upon the moral and physical liberty of the patients who voluntarily submit to medical treatment.

Dr. P. is permitted to give for his references several gentlemen of the highest scientific authority, and Superintendents of Asylums of the United States. In town he may be consulted at Dr. Eisberg's office, 153 West 15th street, on Tuesdays and Saturdays, for mental diseases and medical questions.

Bowdoin College Medical Depart-

ment. The forty-third annual course of Lectures in the *Medical School of Maine*, will commence the 27th of February, and continue till the 1st of June.

Fees for the Lectures, \$25.

Circulars containing full information can be obtained of Dr. Conant, 27 East 24th Street, or of Dr. Childs, Bellevue Hospital.

BRUNSWICK, ME. }
Jan. 7, 1883. }

P. A. CHADBOURNE, M.D., Secretary.

Long Island College Hospital, Brooklyn,
NEW YORK.

Session for 1883.

The Session for 1883 will begin on the 12th March, and continue sixteen weeks.

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Assistant to Professor of Chemistry.

A. DUNCAN WILLSON, M.D., Professor of Chemistry.

Fees for Full Course, \$100; Matriculation fee, \$5; Demonstrator's fee, \$5; Graduation fee, \$25; Hospital tickets gratuitous.

Good Board, with Lodging, etc. in the vicinity of the College may be obtained from \$4 to \$5 per week. The necessary expenses for the Course, those for travelling excepted, need not exceed \$200.

Letters addressed to any Member of the Council will receive attention.

* Dr. Doremus is now in Europe, but in case of his continued absence a competent substitute will be procured.

Berkshire Medical College.—The

Winter Reading Term of this Institution will commence on the first Wednesday of January, 1883, and continue 16 weeks.

Thorough instruction will be given in the theoretical and practical branches of Medicine and Surgery.

Medical and Surgical Cliniques will be held every Wednesday and Saturday.

Anatomical material abundant and free of charge.

Fee for the course, \$25.00.

WM. WARREN GREENE, Dean.

PITTSFIELD, MASS., Dec. 1, 1882.

Albany Medical College.—The next

course of lectures will commence the second Tuesday in February, and continue sixteen weeks. Degrees will be conferred at the close of the Session. Fee for full course, \$60. Graduation fee, \$20.

Materials for dissection are abundant, and furnished to Students on as reasonable terms as at any similar institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge.

Weekly Cliniques are held in the College.

Boarding, from \$2.50 to \$3.00 per week.

ALDEN MARCH, M.D., Prof. of Principles and Practice of Surgery.

JAMES McNAUGHTON, M.D., Prof. of the Theory and Practice of Medicine.

JAMES H. ARMSBY, M.D., Prof. of Descriptive and Surgical Anatomy.

HOWARD TOWNSEND, M.D., Prof. of Materia Medica and Physiology.

CHARLES H. PORTER, M.D., Prof. of Chemistry and Medical Jurisprudence.

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ALBANY, JANUARY, 1883.

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By frequent dissections Dr. Bly has succeeded in embodying the principles of the natural leg in an artificial one, and by so doing has produced the most complete and successful inventions ever attained in artificial legs.

New York, Feb. 10, 1868.

When the Palmer Leg was invented, I recommended it to all who needed anything of the kind, because it was an improvement on the old Anglessea Leg. And now I have the pleasure of informing them that Dr. Bly has invented a leg which is a great improvement on the Palmer leg. The advantages it possesses over the Palmer leg are:

FIRST. The ankle-joint admits of motion not only antero-posteriorly, but laterally, which allows the wearer to walk on any grade, or on rough and uneven surfaces, without inconvenience.

SECOND. The ankle-joint is constructed without iron, steel, or metal of any kind; in fact, little or no metal is used in the limb, which renders it very light.

THIRD. The joints, instead of being bushed with buckskin, which requires a renewal at the hands of the maker, when worn, are adjustable, and under the control of the wearer.

FOURTH. The springs are made of India rubber, and imitate more closely the action of the muscles.

FIFTH. The action of the springs can be increased or diminished at the option of the wearer, whereby each can adjust the motions of the leg to suit his own peculiar gait.

VALENTINE MOTT, M.D.,

Emeritus Prof. of Surgery and Surgical Anatomy in the University of N. Y.

New York, Feb. 10, 1868.

I concur in the above recommendation.

ALFRED C. POST, M.D.,

Prof. of the Principles and Operations of Surgery in the University of M. Y.

I have examined with care the ball and socket jointed leg, invented by Dr. Bly, and am satisfied that the mobility of the ankle-joint, whereby the foot can accommodate itself to grades and inequalities of the ground, is a great improvement upon all artificial legs made heretofore.

JAMES E. WOOD, M.D., No. 2 Irving Place,

Prof. of Surgery in the Bellevue Hospital Medical College, N. Y.

I have examined the Artificial Leg of D. Bly, M.D., of Rochester, and have formed a very favorable opinion of its character.

WILLARD PARKER, M.D., 87 East 12th St.,

Prof. of Surgery in the College of Physicians and Surgeons, N. Y. February 15.

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American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., Editor.



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BARK."—This elegant and valuable medicinal preparation was introduced to the notice of the Faculty of this city in 1830, by J. Milbau, the sole Inventor and Manufacturer, at which date none of those numerous firms were in existence, who rather than give a new name to a new article, have found it more convenient within a few years to appropriate the above extensively and favorably known title: It is therefore presumable that physicians in prescribing, as for over thirty years, have reference solely to the original article made by

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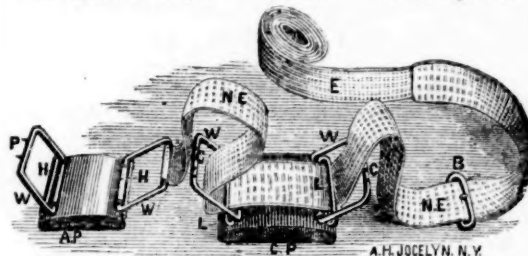
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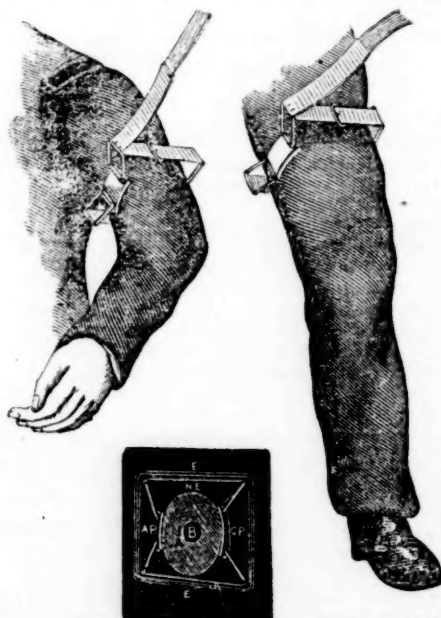
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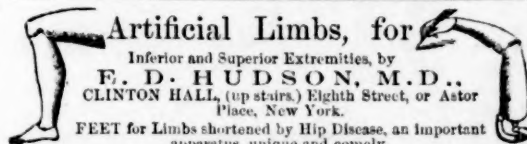


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